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1   FACTOR-CODE.

2   Do you see that?

3   A.   Yes, I do.

4   Q.   Do you know what data that field would

5   contain?

6   A.   No I don't.

7   Q.   I don't think we have any data in that

8   field.

9   Do you know why?

10   A.   I have to research and see if there's

11 anything put in there.

12   I know in this error layout there are

13 fields that were put in that aren't used. The only

14 thing I can figure out is that there was a plan to

15 use them and it never got implemented.

16   Q.   Directing your attention to page 2 within

17 the 10 level of IC-DIAGNOSTIC there's a 15 level code

18 IC-SCREEN-SUMMARY.

19   Do you see that?

20   A.   Yes.

21   Q.   Do you know what data that field would

22 contain?

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1   A.   The screening data for EPSDT claims.   And I

2   think they're numeric value is 1 to 9.

3   But I don't know what they mean.

4   Q.   **I don't think we received any data for that**

5   **field.**

6   **Do you know why that would be the case?**

7   A.   I didn't send EPSDT claims.

8   Q.   **What is an EPSDT claim?**

9   MS. BRECKENRIDGE: Excuse me.   Can I ask

10 for clarification what the letters are?

11   THE WITNESS: EPSDT.

12 BY MR. LITOW:

13   Q.   **EPSDT?**

14   A.   Uh-huh.

15   Medicaid would know them.   It's something

16 to do with childhood screening.

17   Q.   **It's not a drug claim?   Is that why it**

18 **wouldn't be included in the data?**

19   A.   Correct.

20   I don't know the full definition.   It's

21 early periodic screening and something.

22   MR. TERRY: I would say diagnostic.

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1   THE WITNESS: Uh-huh.

2   MR. TERRY: It's a childrens program

3   testing.

4   BY MR. LITOW:

5   Q.   Turning to page 4, Exhibit Swenson 001,

6   very last field is IC-BILL-NO-CORRECTED.

7   Do you see that?

8   A.   Yes.

9   Q.   Do you know what data would be included in

10   that field?

11   A.   It's a field we don't use.

12   Q.   That would explain why we didn't get any

13   data for that field.

14   A.   What is sad about this is I actually typed

15   that in and I do not remember why.

16   Q.   Staying on page 4 of Exhibit Swenson 001,

17   the third field from the top is IC-TAX-AMOUNT.

18   Do you see that?

19   A.   Yes.

20   Q.   Do you know what data that field would

21   contain?

22   A.   Yes.

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1   Q.   What data would that be?

2   A.   Right now it should all be zero.

3   It was some time I think in the early 90's

4   that we referred to it as a Medicaid miracle where

5   there was funding issues.

6   So what we did and I think other states did

7   is we had one -- we had a rate I believe we paid and

8   a rate that was a gross amount.

9   So we would calculate gross, calculate

10   maybe net and the difference would be the tax. We

11   would charge the Feds one level but pay the other

12   level.

13   We got a little bit more money back from

14   the Feds. So that's how we kept track of that.

15   Q.   The data we've got for that field is

16   populated with the number zero.

17   Do you know if that indicates a tax amount

18   of zero dollars or that means there's no data

19   provided?

20   A.   I forget when we did away with the tax

21   amount. So I imagine there's no tax amount because

22   we don't do it any more.

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1   Zero would have been the default.

2   Q.   **The one just below is IC-VACC-AMT-WITHHELD.**

3   **Do you see that?**

4   A.   Uh-huh.

5   Q.   **What would that include?**

6   A.   I believe that's a vaccination amount

7 withheld.

8   I don't remember how this works any more.

9 I don't think it applied to drug claims. But again I

10 don't remember.

11   Q.   **The data we have got always has a zero in**

12 **it.**

13   **Do you know if that indicates an amount of**

14 **zero dollars or there's no data for that field?**

15   A.   Zero would be the default. I would say no

16 data for that field.

17   Q.   **Directing your attention to the third page**

18 **of Exhibit Swenson 001, the fifth field from the**

19 **bottom, it's IC-CLAIM-SUFFIX, do you see that?**

20   A.   Yes.

21   Q.   **Do you know what data would be included in**

22 **that field?**

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1   A.   Yes.

2   Q.   **What data would that be?**

3   A.   It's -- there was limitations of our

system. On a drug claim we could pay only three

claims in the same drug number.

            So if four came in Anthem would assign a

suffix to it to pay the same so they paid under the

same claim number.

            For inpatient we had a limitation of 54

line items per claim. So if a claim came in with

more than 54 line items they would use a suffix to

say, okay, it's this claim but maybe it's like part

2.

            I believe Anthem used it, too, to do some

corrections.

      Q.   **We didn't receive any data for that**

particular field.

            Do you know why that would be the case?

      A.   It's purely guessing. The providers only

billed three or less claims per sheet of paper.

            I think you would see more of it on

transaction type 1's.

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1   Q.   Directing your attention to the last page

2   of Exhibit Swenson 001, the second to the last code

3   is IC-NCW-SW.

4   Do you see that?

5   A.   Yes, I do.

6   Q.   We didn't receive any data for that

7   particular field.

8   Do you know what data would be included in

9   that field?

10   A.   I believe it stands for non-child Welfare.

11   But I don't know what would be in it or why it's

12   used.

13   Q.   Staying on that page, a little bit up from

14   there is IC-PCN-PROVIDER-TYPE.

15   Do you see that?

16   A.   Yes.

17   Q.   This was another field for which there was

18   no data.

19   Do you know what data would be included in

20   that field?

21   A.   Has to do with either PCN's or HMO's.   I

22   would have to research it to be sure.

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1   I think we used this one only internally

2   for rejected claims that we could tell which the

3   provider number would tell us which HMO or which PCN.

4   This would tell us within that provider information.

5   I have to look it up to see exactly what it was.

6   Q.   Directing your attention to page 2 of

7   Exhibit Swenson 002 towards the bottom there's an 05

8   level IC-FISCAL-DATA.

9   Do you see that?

10   A.   Yes, I do.

11   Q.   What type of data would be included in the

12   subset of the 10, 15 level codes in the fiscal data?

13   A.   The IC-BILL-AMOUNT would be the amount

14   billed by the provider.

15   IC-OTHER-PAID would be the amount of any

16   other insurance applied to this claim.

17   IC-PT-PAID would be any patient pay or any

18   co-pay.

19   IC-SAMI-AMOUNT would be the amount we paid

20   to the provider.

21   IC-CHECK-NUMBER would be the check number

22   on the physical check we wrote.

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1   IC-CHECK-DATE would be the date we issued

2   the check.

3   Q.   Directing your attention to the 05, page 3

4   of Exhibit Swenson 001, 05 level, IC-CONTROL-DATA, go

5   down to level 10 code IC-RVS-EXCEPTIONS down toward

6   the bottom.

7   Do you see that?

8   A.   Yes.

9   Q.   Do you know what data would be included in

10   that field?

11   A.   No, I don't.

12   Q.   Going further down on page 3 there's 05 IC-

13   EXCEPTION-DATA.

14   Do you see that?

15   A.   Yes.

16   Q.   Do you know what data would be included in

17   that field?

18   A.   There's only one level IC sub claims

19   examiner. It would either be an Anthem claims

20   examiner who entered the claim or has adjusted it or

21   it would be FH for First Health.

22   Q.   The one below that, IC-MESSAGE.

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1   A.   That's where we either stored an error

2   message or some message -- a message code we want to

3   displace on the remittance invoice or benefit

4   account.

5   Q.   **How about IC-CITIZENSHIP-CODE?**

6   A.   That would be citizenship code of the

7   recipient as determined by Welfare.

8   Q.   **IC-CASE-TYPE?**

9   A.   I don't know what that was used for.

10   Q.   **IC-RESPONSIBLE-COUNTY-CODE?**

11   A.   Medicaid can explain this better than I

12   can.

13   Has something to do with when recipients

14   move from county to county. The original county

15   still has some fiscal responsibility for them.

16   We kept that county code to keep track of

17   that.

18   Q.   **How about IC-PATIENT-ACCT-NR?**

19   A.   Patient account number. That would be the

20   account number of the patient as known by the

21   provider.

22   Q.   **Next one, IC-LAST-UPDATE?**

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1   A.   That was the date the claim was last

2   updated.

3   Q.   IC-BIRTH-DATE, is that the birth date of

4   the recipient?

5   A.   Yes.

6   Q.   On page 4, there's actually one I don't

7   think I've asked about. The third from the bottom.

8   A.   You asked about that.

9   Q.   I did? All right.

10   A.   Yes.

11   MR. LITOW: Off the record.

12   (Discussion off the record.)

13   MR. LITOW: Back on the record, please.

14   BY MR. LITOW:

15   Q.   Directing your attention to the fourth page

16   of Exhibit Swenson 001 fifth one from the bottom, IC-

17   ORIGINAL-VAC-VENDOR, do you see that?

18   A.   Yes, I do.

19   Q.   Do you know what data would be included in

20   that field?

21   A.   It was original vaccine vendor.

22   I don't remember exactly how this works but

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1   a claim would come in for a vaccine, somehow we would

2   split it apart. We'd pay the provider a certain

3   amount and we would pay I believe it was the Health

4   Department a certain amount.

5   We haven't done this for years. I don't

6   know if it came in as transaction type 2 or

7   transaction type 3. I think it came in as a 2. But

8   I don't remember.

9   Q.   **Directing your attention to page 3 of**

10   **Exhibit Swenson 001, within the 05 IC-CONTROL-DATA**

11   **there's a 15 IC-ADJUST-CD.**

12   **Do you see that?**

13   A.   Yes.

14   Q.   **And below that there are like six 88 level**

15   **codes.**

16   **Do you see that?**

17   A.   Yes.

18   Q.   **What's an 88 IC-ORIGINAL-CLAIM?**

19   A.   The 88 level means it's a Bolean value,

20   true or false.

21   IC-ORIGINAL-CLAIM would mean it was the

22   original claim we paid.

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1   IC-CREDIT would be back out of that

2   original claim.

3   The debit codes are kind of weird. A

4   through K would be repayment of that back out claim.

5   L through Z would be the zero paid.

6   MR. LITOW: Let's take about a ten-minute

7   break.

8   (Recess.)

9   MR. LITOW: Back on the record, please.

10   BY MR. LITOW:

11   Q.   I would like to direct your attention to

12   Exhibit Swenson 001, page 1.

13   Within the 05 level I see PERSON-DATA

14   there's a field IC-OASDI-CLAIM.

15   Do you see that?

16   A.   Yes, I do.

17   Q.   Do you know what data would be included in

18   that field?

19   A.   It's the RSDI number provided by Welfare.

20   I think it's railroad disability insurance number.

21   Q.   How about the one below that, IC-LIAB?

22   A.   The patient liability as determined by

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1   Welfare.

2   I believe it only applies to transaction

3   type 1's, inpatient.

4   Q.   **Moving a little bit further down on that**

5   **same page there's a 25 level code which is IC-VEN-**

6   **NUN.**

7   **Do you see that?**

8   A.   Yes.

9   Q.   **What data would that field include?**

10   A.   It would be the sequential number of the

11   vendor or the provider.

12   Q.   **Sequential number?**

13   A.   The higher levels, IC-VENDOR, the first two

14   digits would be the vendor code. 28 33, 37.

15   The next two digits would be the county the

16   provider resides in. Either resides or practices. I

17   don't remember.

18   Then those last four characters would just

19   be sequential number of this is vendor 1, vendor 2,

20   vendor 3.

21   Q.   **Okay.**

22   A.   As assigned by Medicaid.

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1   Q.   Kind of an identification number for the

2   particular vendor?

3   A.   Correct.

4   Q.   Two down from there, IC-GRP-AFFIL-NBR, do

5   you see that?

6   A.   Yes.

7   I think that's a group affiliation number.

8   We don't use that.

9   Q.   Just below that, IC-PROV-SPECIALTY, do you

10   see that?

11   A.   Yes.

12   Q.   What does that include?

13   A.   I don't think we use that either. Looks

14   like provider specialty.

15   Q.   A few below that one, IC-OTHER-PHYSICIAN,

16   do you see that?

17   A.   Yes.

18   Q.   What would be included in that field?

19   A.   That would be the identification number or

20   the number of the physician that prescribed the

21   prescription.

22   Q.   A number assigned by Medicaid?

                                                                    75

1   A.   Correct.

2   It would be this IC-VENDOR number for the

3   physician.

4   Q.   Okay.

5   A.   I'm not sure how -- it seems like Anthem

6   used a lot of defaults in that one. So the data may

7   or may not be accurate or may not reflect a physician

8   number.

9   Q.   Page 2 of Exhibit Swenson 001, towards the

10   top, there's maybe about 10 fields down a 20 level

11   code which is IC-DRUG-MAC-EXCL.

12   Do you see that?

13   A.   Yes.

14   Q.   What data would that field include?

15   A.   When we went to pay a claim we would look

16   first for an SUL price. If we found that we would

17   price using that.

18   Unless there was I believe an X in this

19   field. It was something Anthem typed in. If there

20   was an X in that field then we would use the AWP

21   price.

22   Q.   How about the one just below that, IC-DRUG-

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1   TYPE-CALC? Do you see that?

2   A.   Yes.

3   Q.   What would that include?

4   A.   I'm not sure what's used for that. I would

5   have to research that one.

6   Q.   You say you have to research.

7   What resources would you look at in order

8   to determine the answer?

9   A.   I would -- we have a facility called file

10   manager. I would go do through our entire

11   programming library and I'd do a find on that field,

12   find the program it's used in and try to determine

13   how it's used.

14   Q.   How about the one just below that, IC-DRUG-

15   THER-CLASS? What would that include?

16   A.   Drug therapeutic class.

17   Q.   Do you know what the values would be in

18   that field?

19   A.   No. There's a ton of them. It was data

20   supplied by First Data Bank.

21   Q.   A little bit further down on the same page

22   within the 10 level IC-SERVE-QUANTITIES there's a 15

77

1   level code IC-SER-UNITS.

2   Do you see that?

3   A.   Yes.

4   Q.   What would that include?

5   A.   For drugs it always defaults to a 1,

6   meaning one service unit.

7   For non drugs there may be different values

8   there. Again, it probably varied by service.

9   Q.   Towards the bottom of page 2 within the 10

10   level IC-DIAGNOSTIC there's a 15 level IC-DRUG-THER-

11   BYPASS-SW.

12   Do you see that?

13   A.   Yes.

14   Q.   What would that include?

15   A.   I don't know which drugs they were but we

16   would bypass our claim limitations on certain

17   therapeutic drugs.

18   I forget what the numbers are. Either two

19   drugs were allowed a month or three drugs or five

20   drugs. Certain therapeutic classes people were

21   allowed more drugs than that. That just indicated we

22   bypassed that.

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1   Q.   The one just below that one, IC-CREDIT-

2   PRIOR-CHECK-DT, do you see that?

3   A.   Yes.

4   Q.   What would that include?

5   A.   It had something to do with drug rebates

6   that this would contain whether the credit was before

7   that date 7-1-93, or the credit was after. I forget

8   how we used it.

9   Q.   Below that there's IC-DRUG-BENEFIT-CODE.

10   Do you see that?

11   A.   Yes.

12   Q.   What would that include?

13   A.   Medicaid used that field to determine

14   whether they're going to pay a drug or not. They

15   would have to tell you the values.

16   But when we received a new drug from the

17   First Data Bank it would go on our drug file.

18   Medicaid would have to go and assign a drug benefit

19   code. That would tell us whether we pay it. I think

20   certain codes whether we added an extra amount for

21   the dispensing fee.

22   Q.   Two down from there, IC-ICDA, do you see

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1   that?

2   A.   Yes, I do.

3   Q.   **What would that include?**

4   A.   For drug claims this was hardly used. It's

5   the ICD9 code. They're known some other way. We

6   didn't use Hic Pix. I think this is -- maybe might

7   be a CPT code. I forgot a lot.

8   Q.   **IC-ICDA-MULT, the one below that?**

9   A.   I'm not sure what that was for.

10   Q.   **Go to the third page of Exhibit Swenson**

11   **001. Underneath the 05 level IC-CONTROL-DATA there's**

12   **a 15 level code IC-PROC-ER.**

13   **Do you see that?**

14   A.   Yes.

15   Q.   **What would that include?**

16   A.   That was used internally to say there was

17   some type of procedure error.

18   I don't think you'll see any values there

19   because they would have gone on to the rejected file.

20   Q.   **How about the code just below that, IC-**

21   **ELIG-ER?**

22   A.   Same thing. It was used internally to say

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1   there was some type of eligibility error for

2   reporting purposes.

3   Q.   The one just below that, IC-PROV-ER?

4   A.   We used that internally. There was some

5   type of provider error.

6   Q.   Continuing down still within the 05 IC-

7   CONTROL-DATA underneath the 10 code IC-RVS-EXCEPTIONS

8   there's a 15 code IC-RELATIVITY-TYPE.

9   Do you see that?

10   A.   Yes.

11   Q.   What would be included within that

12   particular field?

13   A.   I don't know.

14   Q.   Do you know who would know that?

15   A.   I could go through our library and research

16   it and find out what values get in there.

17   Q.   Three down from that one there's IC-NOMADS-

18   AID.

19   Do you see that code?

20   A.   Yes.

21   Q.   What would be included in that?

22   A.   That's the A code as reported by Nomads.

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1   It would correspondence to Exhibit Swenson 001, the

2   ICA on page 1.

3   Some time in '98, we switched eligibility

4   systems. They changed values of the codes so that

5   what we decided to do since we didn't have resources

6   or time we would store both codes and hope some time

7   in the future to convert all our reporting to use

8   Nomads A code.

9   Q.   I think you mentioned at one point earlier

10 something you called the Medicaid miracle in the

11 early 1990's.

12   Do you recall that discussion?

13   A.   Yes.

14   Q.   Could you try to be a little more specific

15 about what exactly the Medicaid miracle was?

16   MS. BRECKENRIDGE: Objection. Foundation.

17   Go ahead.

18   THE WITNESS: It had to do with funding.

19 The way I understand it is Medicaid -- the Federal

20 government paid about 50 percent of the Medicaid

21 bill.

22   So what Nevada did and I think the other

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1   states did is we increased the amount we would pay.

2   Instead of paying $10 we would pay $20.

3   So we would get half of that reimbursed

4   from the State but then we would pay the provider

5   only the net amount. So that we would collect extra

6   Federal funds.

7   BY MR. LITOW:

8   Q.   I believe you also testified Medicaid was a

9   non-exempt agency.

10   Do you recall that?

11   A.   Yes.

12   Q.   Could you explain in more detail what

13   exactly is meant by non-exempt agency?

14   A.   By statute most State Executive Branch

15   State Agencies are required to use Department of

16   Information Technology Services. The exempt agencies

17   aren't required to do that.

18   They're more the major places. The

19   Universities. The Motor Vehicles. Transportation.

20   Gaming. Employment Training and Rehabilitation.

21   It seems like there's a couple more but I

22   can't remember right off.

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1   Q.   Does it essentially mean Medicaid has to

2 come to do it if they need to analyze some data?

3   A.   Maybe not so much that.

4   But if Medicaid wanted to write an MMIS

5 system they would have to either come to us to do it

6 or come to us to get our approval to out source.

7   Q.   In general what types of requests has

8 Medicaid had for you?

9   MS. BRECKENRIDGE: Objection.

10   THE WITNESS: If you could maybe be a

11 little more specific. In the last 20 years? Five

12 years?

13 BY MR. LITOW:

14   Q.   Go back last 15 years.

15   A.   When I started with Medicaid there was the

16 existing computer system. They would ask us to make

17 enhancements to that system. They would ask us to

18 maybe generate new reports. They would ask us to

19 make changes because of Federal requirements.

20   I think we took their added certifications

21 to it, added some past hard data to the system. It

22 was mostly enhancements to the system.

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1   We would also try and resolve any problems.

2   If a claim didn't pay correctly we would try to help

3   them determine why that didn't happen. Enhancements.

4   Maintenance.

5   We helped convert data for the new MMIS

6   system to a format they could use. Provided them

7   technical expertise.

8   In a non-Medicaid world we have helped them

9   with the Nevada Check Up system. We helped them do

10   some requirements, validation on MMIS.

11   Q.   I think you mentioned one of the tasks you

12   perform is to generate reports.

13   Could you be more specific what type of

14   reports you have generated for Medicaid?

15   A.   There's been so many I have forgotten.

16   It would be analyzing the claims data.

17   Maybe one that sticks in my mind is we might do a

18   report for them that would show someone who used a

19   transportation or maybe people who used

20   transportation but didn't have a claim, a service

21   claim, that day.

22   Or we might show all the people who got

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1   drugs related to tuberculosis or might do reporting

2   related to that.

3   It's pretty ad hoc. We had reports that

4   ran weekly, monthly, yearly. Probably quarterly. We

5   did ad hoc reporting, too.

6   **Q.   Do you or does your department keep copies**

7   **of these reports you do for Medicaid?**

8   A.   Generally no.

9   Production jobs we would keep a copy just

10   because they get lost. So we had an archival system.

11   We would keep copies of reports.

12   But they cycle out after two years. We

13   keep a history of the production job run and certain

14   reports that maybe were -- got lost quite a bit we

15   would keep track of those.

16   But as a rule we didn't keep backup copies.

17   **Q.   Has Medicaid ever asked you to review or**

18   **analyze data other than the Medicaid claims data?**

19   A.   Not that I can remember.

20   But let me search and if I remember

21   anything I'll let you know.

22   **Q.   You also testified you provided processed**

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1   rebate information back to Nevada Medicaid on a

2   quarterly basis.

3   Do you recall that?

4   A.   Yes.

5   Q.   Do you know what types of drugs were

6   included in the rebate calculations?

7   A.   Without looking at the program, no.

8   Q.   How did you determine which drugs to

9   calculate rebates for?

10   A.   Medicaid would have provided the

11   specifications for that.

12   Q.   Did you actually calculate the particular

13   rebates for the drugs or was that provided to you in

14   some other way?

15   A.   From what I remember, the Feds would send a

16   tape in that would have I think it was for each drug,

17   here's a rebate amount. And then we would multiple

18   it by something or somehow do a calculation and

19   determine the rebate amount.

20   But I'd have to look at the program to tell

21   you exactly how that worked.

22   Q.   Are you familiar with the term AMP or

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1   average manufacturer's price?

2   A.   No.

3   Q.   Were you ever asked to calculate rebates

4   for drugs found in medical claims, physician-

5   administered drugs?

6   A.   I don't know. I don't think so. But I

7   don't know.

8   I think we just rebated drugs that were

9   provider type 28.

10   I would have to look at the program to

11   verify that.

12   Q.   What was your level of involvement with the

13   Anthem staff when Anthem was the fiscal agent for

14   Medicaid?

15   A.   We would probably talk not always daily but

16   at a least couple, three times a week about various

17   issues.

18   They would usually call me if they had a

19   problem, whether it was hardware or software or

20   sometimes just to do research.

21   Q.   Did Medicaid ever ask you to audit the data

22   they got from Anthem?

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1   A.   No.

2   Maybe on a record-by-record basis.   You

3   know, there seems to be a problem with how this one

4   paid or something is funny on this, could you look at

5   it.

6   But not look at these 100,000 records and

7   do an analysis.   We didn't do that.

8   MR. LITOW: Off the record.

9   (Recess.)

10   MR. LITOW: Back on the record, please.

11   BY MR. LITOW:

12   Q.   I just want to clarify an issue.

13   If a drug was administered in a physician's

14   office would the claims relating to that particular

15   drug be included in the data that we received?

16   MS. BRECKENRIDGE: Objection.   Foundation.

17   THE WITNESS: I don't know.   I don't know

18   how physician-injected drugs were handled.   It would

19   really be a Medicaid question.

20   MR. LITOW: We have no further questions at

21   this time.

22   MS. BRECKENRIDGE: We don't have any

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1   questions. But I did want to put on the record at

2   the outset I raised a confidentiality concern

3   regarding Exhibit Swenson 002.

4   In conferring with the witness during a

5   break we realized there is no patient identifying

6   information on there. It was one of the fields

7   redacted that we were worried about.

8   MR. LITOW: Actually, off the record a

9   second.

10   (Discussion off the record.)

11   MR. LITOW: Back on the record.

12   Couple more questions, Mr. Swenson.

13   I would like to ask the court reporter to

14   mark as Exhibit Swenson 003 a document with a title

15   wl80wkblSpecial.

16   I would also ask the court reporter to mark

17   as Exhibit Swenson 004, there's no title but a

18   document that has the following fields or columns:

19   Ref, field name, picture, type, start, end and

20   length.

21   (Exhibit Swenson 003 and

22   Exhibit Swenson 004 marked for